

Kununurra Community Panel

Cashless Debit Card Trial

Appeal decision made by the Community Panel

The Kununurra Community Panel will consider applications from people who are on the Cashless Debit Card Trial and live in Kununurra and surrounding communities, to have the restricted amount of their welfare payment decreased. The Panel may reduce the restricted portion from between 80 and 50 per cent.

Applying for an increase in the amount of cash you receive is a voluntary process.

The Panel will make a decision using their local knowledge about whether you are upholding the values of the Empowered Communities. This includes caring for family, looking after your home, your children are going to school, you are working or meeting participation requirements, and you are not committing any crimes.

The information you provide in this form will also help to guide the Panel's decision.

If the Panel requires additional information to make their decision, your information may be checked with relevant organisations, such as: the WA Police, Housing agencies, Health agencies, and State and Catholic schools as required.

If your application to the Panel is not successful, you can use this form to provide additional information to allow the Panel to reassess your application. You need to provide this additional information within 21 days after the Panel made their decision.

If your circumstances change, you can also apply for a reconsideration of a previous application at any time. You can let the panel know by submitting a **new application form**, available online or at your Local Partner.

1. Your details:	
a.	Full name
b.	Date of birth
c.	Centrelink Customer Reference Number (CRN)
d.	Residential address
e.	Postal or email address
f.	Phone number

2. Additional information:

Please provide additional information to allow the Panel to reassess your application to change the restricted amount on your Cashless Debit Card. *(Please attach a separate page if more space is needed).*

6. Consent Form

In some cases, the Panel may need to ask various State Services for more information to confirm what you have provided in your application and support their decision making process. Only authorised persons will have access to this data and will prepare a summary for the panel members.

I, _____ (your name)		Please tick:		Y	N
give my consent to the Panel Administrator collecting the personal information I have provided in this form.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Western Australia Police to provide information surrounding any convictions I have had in the past 12 months that were related to alcohol or drugs to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to Western Australia Police		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Housing to provide information about any debt, payment arrangements or disruptive behaviour complaints in the past 12 months to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and address to the Department of Housing		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Community Housing Ltd to provide information about any debt, payment arrangements or disruptive behaviour complaints in the past 12 months to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and address to the Community Housing Ltd		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Kununurra Hospital to provide information about any incident where I may have presented to the accident or emergency departments due to intoxication or required health assistance due to substance abuse to the Panel Administrator.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and contact details to Kununurra Hospital		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Catholic Education to provide information on school attendance for all children in my care		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to Catholic Education		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Education to provide information on school attendance for all children in my care		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to the Department of Education		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Child Protection and Family Support to provide information on the number (not the nature) of contact that I have had with this service.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to the Department of Child Protection and Family Support		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for East Kimberley Job Pathways to provide information on whether I am meeting my participation requirements.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to East Kimberley Job Pathways .		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent to the Panel Administrator providing my personal information received from the above authorities to the community panel		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent to the Panel Administrator notifying the Department of Human Services to have the restricted amount of my payment changed to the amount decided by the Panel, understanding that the Panel will take into account my requested amount		<input type="checkbox"/>	<input type="checkbox"/>		
agree that if legislation varies the restricted portion of my payment to an amount that is lower than the amount decided by the panel, my restricted portion will be the lower amount determined by legislation		<input type="checkbox"/>	<input type="checkbox"/>		
understand that de-identified information collected may be used to assist the ongoing management and evaluation of the Cashless Debit Card Trial		<input type="checkbox"/>	<input type="checkbox"/>		
Declare that the information I have provided in this application is true.		<input type="checkbox"/>	<input type="checkbox"/>		
Signed	Name			Date	

Optional: If you would like a nominee to help you.

If you are unable to fill out this form, you can ask a trusted friend, family member, support service worker, or Local Partner to help you. If they help you to fill out this form, they will need to fill in their details below as your nominee. By signing below, they accept responsibility for ensuring that you understand what this form means.

Signed	
Name	
Date	
Relationship to applicant	

Where do I send my form?

You can give completed forms:

- via post to:
Services Australia
Reply Paid 7800
Canberra BC ACT 2610
- in person at a Centrelink service centre.
- Centrelink online account or express-plus mobile app
Call the Cashless Debit Card hotline for assistance on 1800 252 604.

What next?

The Panel Administrator will contact you to let you know the outcome of your application. If your application is not successful, you will be told which criteria you did not meet so that you can work with your support network to address this issue if you choose to.

You can apply for a reconsideration of a previous application, at any time, or if your circumstances change, you can let the panel know by submitting a new application form.

Privacy

Your personal information is protected by law, including the Privacy Act 1988.